ICMR-National Institute of Pathology

Sriramachari Bhavan, Post Box No. 4909, Safdarjung Hospital Campus, New Delhi – 110029.

(APPLICATION FORM FOR SENIOR RESIDENT)

Affix recent

Note	e: All answers must be given in words and not by dashes and dots. No columns should be left blank.	Passport Size Photograph duly signed
Name	e of the post applied for	
Name	e of the Institute/Centre	
1.Naı (IN C	me in Full: Mr/Miss/Mrs/DrCAPITAL LETTERS)	
2. Ad	ddress:(i) Present:	
	(ii) Permanent:	
	(iii) Contact Telephone No& Mobile No	
	(iv) Email address :	
3.	Date of Birth: (In words)	
4.	Marital Status: Married/Un-married:Nationality:	
5.	Are you a member of Scheduled Caste/Scheduled Tribe/OBC or Aboriginal Community (Answer: Yes or No):	
	If the answer is Yes, give particulars and attach a certificate from the District Magistra of your claim.	te in support

6.	Particulars of all examinations passed and degree ar	nd technical qualifications obtained (commencing
	with the Matriculation or equivalent examinations).	Attach attested copies of all certificates.

Examination or Degree obtained	Class or Division	Subject taken	Year of Passing	Merit Position and Chance taken in Passing

- 7. Any, additional qualification may be mentioned here <u>or</u> on separate sheet.
- 8. What language (excluding Indian languages) can you **read or speak**. State any examination passed in each:

Read only	Speak only	Read and speak	Examination passed

- 9. Details of postgraduate work/publications. **(Give the list on separate sheets):**Details of published papers should have statement about indexed, impact factor of journal & citation of paper. List of publications has to be classified as:-
- 9.1. Publication as First Author and/or Corresponding Author in indexed journals
- 9.2 Publication as Co-author in indexed journals
- 9.3 Papers in Books, Proceedings & non indexed journals

10.	Total Research Experience with details in each area:				
11.	Major academic /other achievements:				
12.	Awards and Prizes received: (Name of Awards/Fellowship, year, awarded by)				
13.	National/International Conferences/Seminars <i>etc.</i> attended: (List with title of papers presented, if any)				
14. Membership of National and International Bodies-:			odies-:		
	National:				
	International:				
15.	Give particulars	Give particulars of Employments held in chronological order:-			
	Name of employer & address	Date of joining	Date of leaving	Nature of work performed or being perform	Salary (excluding allowances) last drawn & scale of pay

	1.
	2.
	3.
	ndidate may mention here the details of Annexure , if any. Any other information relevant to the ant may be mentioned here.
18 . Re	eferences:
applican present	should be persons resident of India and holders of responsible position. They should be intimately acquainted with the t's character and work, but must not be relatives. Where the candidate has been in employment, he would either give his or most recent employer or immediate superior as a reference or produce testimonials from him in regard to the candidate's or the post for which he is an applicant).
1.	Name: Occupation or Position: Address:
2.	Name: Occupation or Position: Address:
	<u>DECLARATION</u>
	hereby declare that the entries in this form and the additional particulars, if any, furnished herewith are true to the best of my knowledge and belief.
	Signature of Candidate
Place:	Date:
Note:	- Application received after the closing date for whatever reason is liable to be rejected.
2.	If the fact that false information has been furnished or that there has been suppression of any material information in the application form comes to notice at any time during the service of a person, his service would be liable to be terminated. Application not signed by the candidate is liable to be rejected. The candidates who are employed should submit a 'No Objection' certificate from their employer at the time of interview. In case they do not furnish the same for some reasons or other, their candidature will straight away be rejected and they will not be entitled to any claim including T.A. from the Council.

16.

Copies of testimonials.